



National American Indian & Alaska Native

ATTC

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



# Native American/Alaska Native Veterans

*Keys to Understanding Unique Challenges and Strengths of American Indian, Alaska Native Clients Whom suffer from PTSD*

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*National American Indian and Alaska Native ATTC*

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# Overview of the Presentation

- *National American Indian and Alaska Native ATTC, Mental Health TTC, funded by SAMHSA*
- *The content of this publication does not necessarily reflect the views or policies of SAMHSA or HHS.*
- *Historical Overview of Natives in Warfare, Military*
- *Trauma, Historical Trauma, and PTSD*
- *Approaches to Assessment and Treatment*
- *Traditional Beliefs & Healing Practices*
- *Healing The Healer*

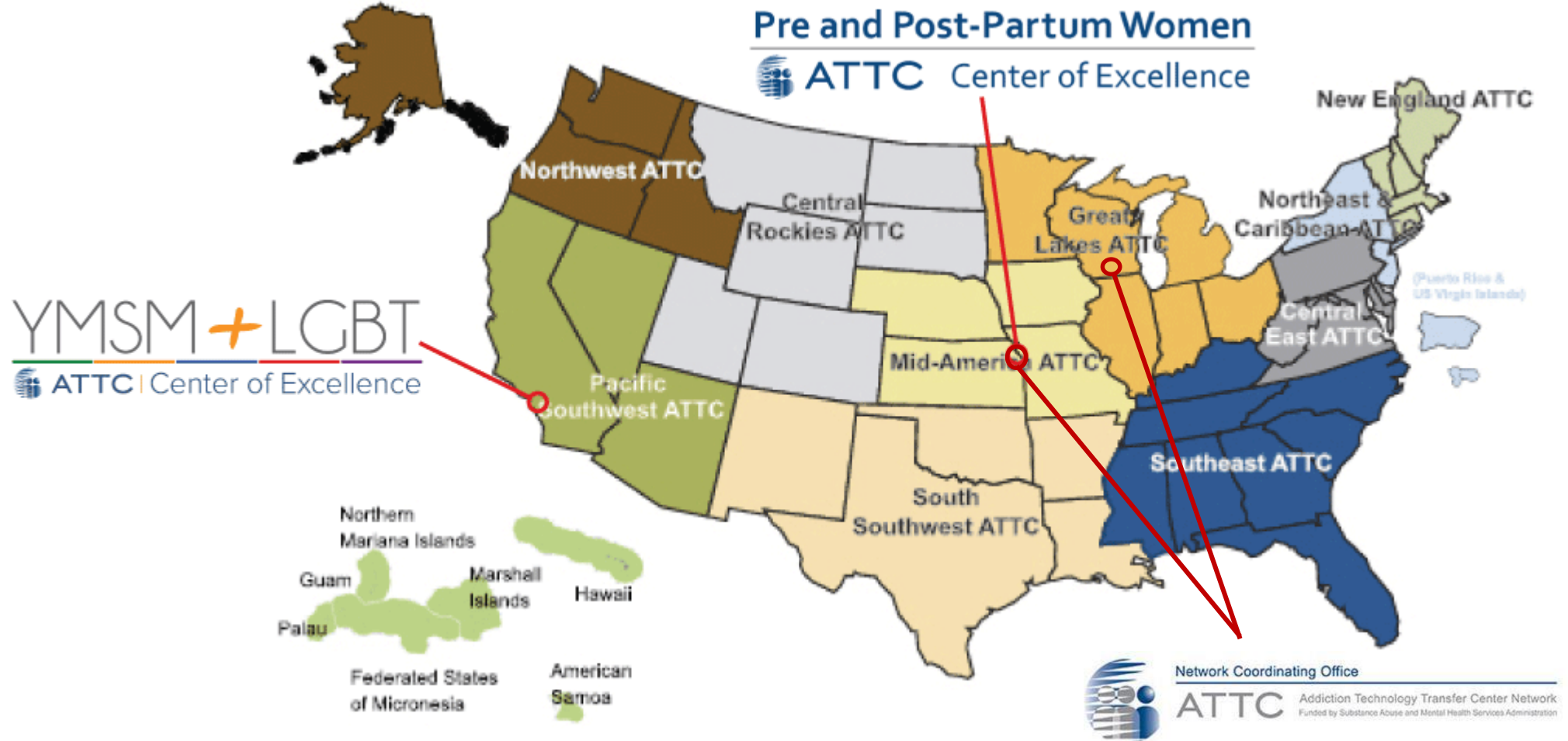


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- The National American Indian and Alaska Native Addiction Technology Transfer Center is supported by a grant from SAMHSA.*
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# ATTC Network 2012 - 2017





# Four National Focus Areas

- *National American Indian & Alaska Native ATTC*  
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- *National Hispanic & Latino ATTC*  
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- *National Coordinating Center ATTC*





# Our Mission



*Serve as the national subject expert and key resource on adoption of culturally legitimate and relevant addiction treatment/recovery services to support professionals working with AI/AN clients with substance use and other behavioral health disorders and the AI/AN behavioral health workforce Since 2012*



# Our Goals

- *Advance the American Indian and Alaska Native SUD treatment field by enhancing communications and collaborations with stakeholders and organizations*
- *Conduct ongoing assessment of needs and workforce development issues*
- *Facilitate and promote the use of culturally legitimate Evidence Based Treatments and facilitate the sharing of Experience Based Treatment approaches developed by American Indian and Alaska Native Providers*
- *Use state of the art technology transfer principles in our educational events*






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# **Native Veteran Curriculum:**

## **“Healing the Returning Warrior” Module**

### **One**

*Native Veteran Historical  
Overview*



# Historical Overview

- *Precontact*
  - *Native American Indian tribes used of Guerilla warfare, as has been seen and documented as early as 1528 with the Apalachee's resistance to Spanish.*



# Historical Overview

- *The Thin Red Line*
  - *Soldiers lined up in Columns shooting at each other.*
  - *Heavy casualties*
  - *The British and French were not accustomed to fighting in forests and certain terrains.*



# Guerrilla Warfare

- *“Little War”*
- *Use of Ambushes, Sabotage, Raids, Petty War, Hit-n-Runs, Mobility, normally in the use of Larger, less mobile Military forces.*
- *Causes fear, disorientation, confusion, exhaustion, chaos, havoc among enemy forces making them less efficient*
- *Came to be utilized in the shaping of Special Operation within the Military and Insurgencies.*



## Indian Scouting Service

- *In 1886, a bill was passed to establish the Indian Scouting Service (ISS)*
- *Battalion of Pawnee Scouts*
- *Scouts were used in Texas- Seminole*
- *Southern Plains- Ponca, Osage, Otoes*
- *Apache Scouts- late 1870's*
- *From their Value- Came the Scouts, Cavalry, and Sharpshooters in 1891, 2,000 Natives were placed in the regular Armed forces.*
- *ISS was disbanded in 1943*



# 1917

- *17,000 Native Americans had entered the Military. During past conflicts with Natives, there began a stereotypes that Natives had natural instincts and being fierce warriors, which was a great fit for service as scouts.*
- *These beliefs and practices went on well into Vietnam, being placed in the most dangerous duties.*
- *Gen. John Blackjack Pershing, used Apache scouts in pursuit of Pancho Villa.*
- *Many were in the 358<sup>th</sup> Infantry, Dominated the 36<sup>th</sup> Infantry Div., and the all-Native American Echo Company of the 142<sup>nd</sup> infantry*



## Choctaw Code Talkers of WWI

- *During World War I, the Germans had not been able to break the code of the Choctaw Code talkers.*
- *Code Talkers utilizing different Native American Languages*
- *After the success of the Choctaw Code Talkers, they wanted to see if this would work with other tribes.*
  
- *Lead to 40% more Natives joining the Military voluntarily than had been drafted*



# Korean and Vietnam Wars


- *It is reported that with the Korean war that military did not keep records of Natives who served, but it is estimated around 10,000 and fell under colored peoples.*
- *It is estimated that approximately 42,000 - 82,000 Native men and women served during the War in Vietnam.*



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# **Native Veteran Curriculum: “Healing the Returning Warrior” Module Two**

*Trauma, Historical Trauma, and  
PTSD*



# Defining Trauma

- *Cultural Trauma - is an attack on the fabric of a society, affecting the essence of the community and its members*
- *Historical Trauma - cumulative exposure of traumatic events that affect an individual and continues to affect subsequent generations*
- *Intergenerational Trauma - occurs when trauma is not resolved, subsequently internalized, and passed from one generation to the next*
- *Present Trauma - What vulnerability, Native peoples are experiencing on a daily basis*
  - *Bigfoot, 2007*



# Trauma

## What is trauma?

- Emotional response to an event/s. Immediately after an event, it is common to experience denial or some sense of shock.
- Long term reactions may include flashbacks, emotions such as fear or anger or such, that may affect relationships with others.
- Physical symptoms may include headaches, nausea, which are normal responses to life changing events.

– *American Psychological Association, Aug. 2013*



# Trauma

- *American Indians appear to experience traumatic events at a higher rate than what was previously reported in the general population. (Beals, et al., 2005; Manson et al., 2005; Robin et al., 1997)*



# Adverse Childhood Experiences (ACEs).

- *Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. (CDC)*



# THE 10 ADVERSE CHILD EXPERIENCES

**1. Physical abuse**

**2. Emotional abuse**

**3. Sexual abuse**

**4. Physical neglect**

**5. Emotional neglect**

**6. Alcohol or drug abuse by a parent**

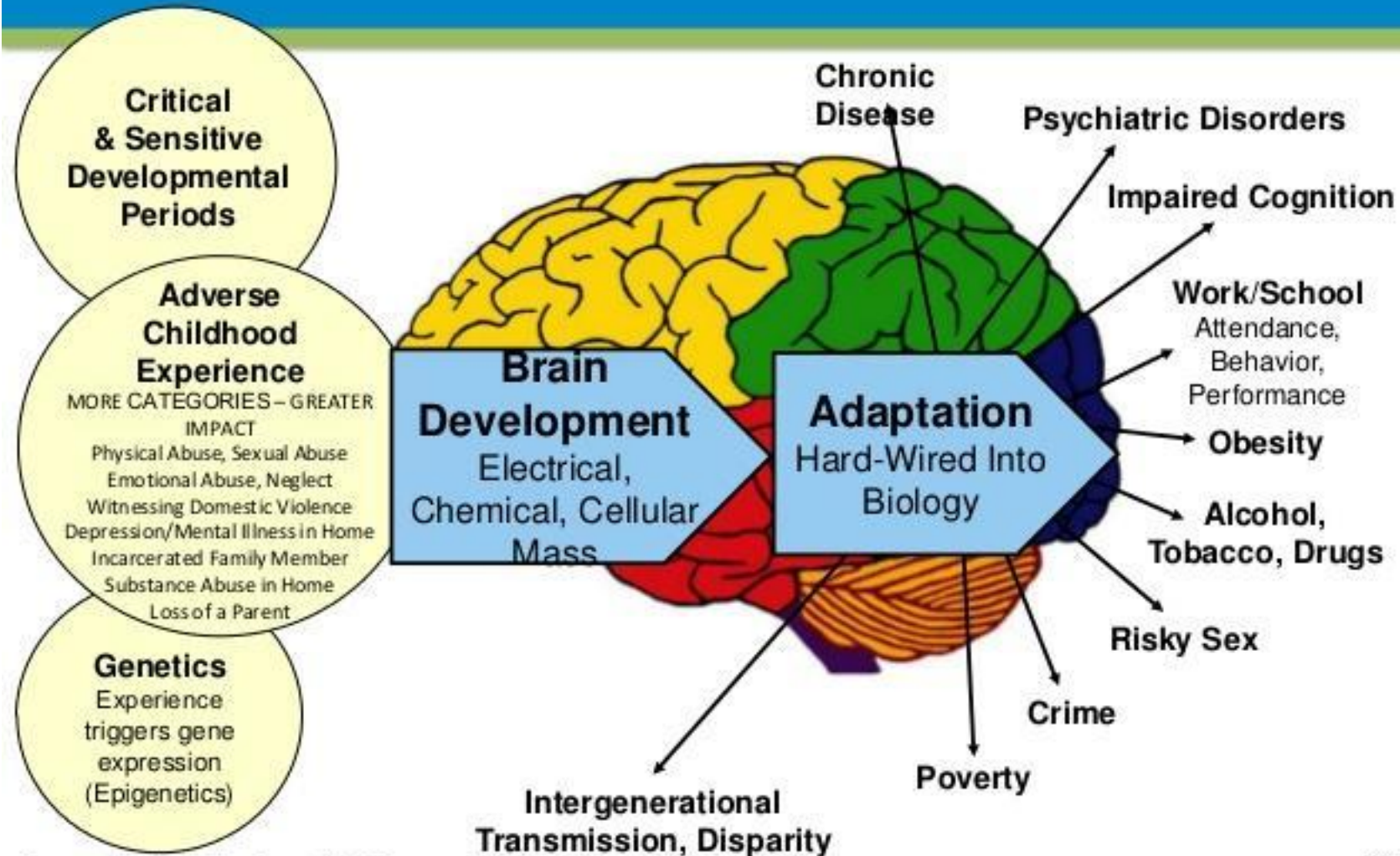
**7. Mentally ill parent**

**8. Divorce**

**9. Incarceration of parent**

**10. Childhood Domestic Violence**

# Lifespan Impacts of ACEs

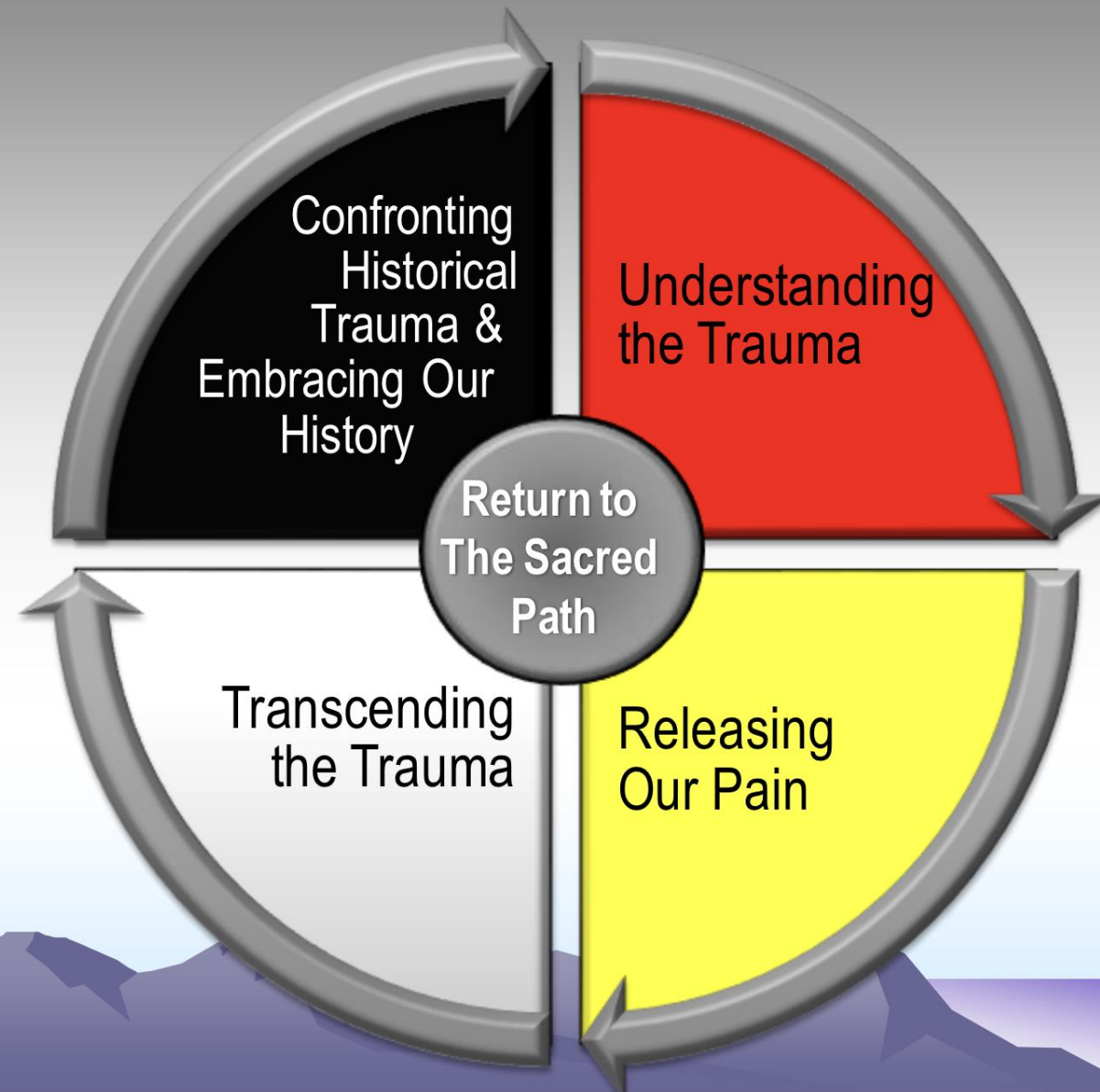


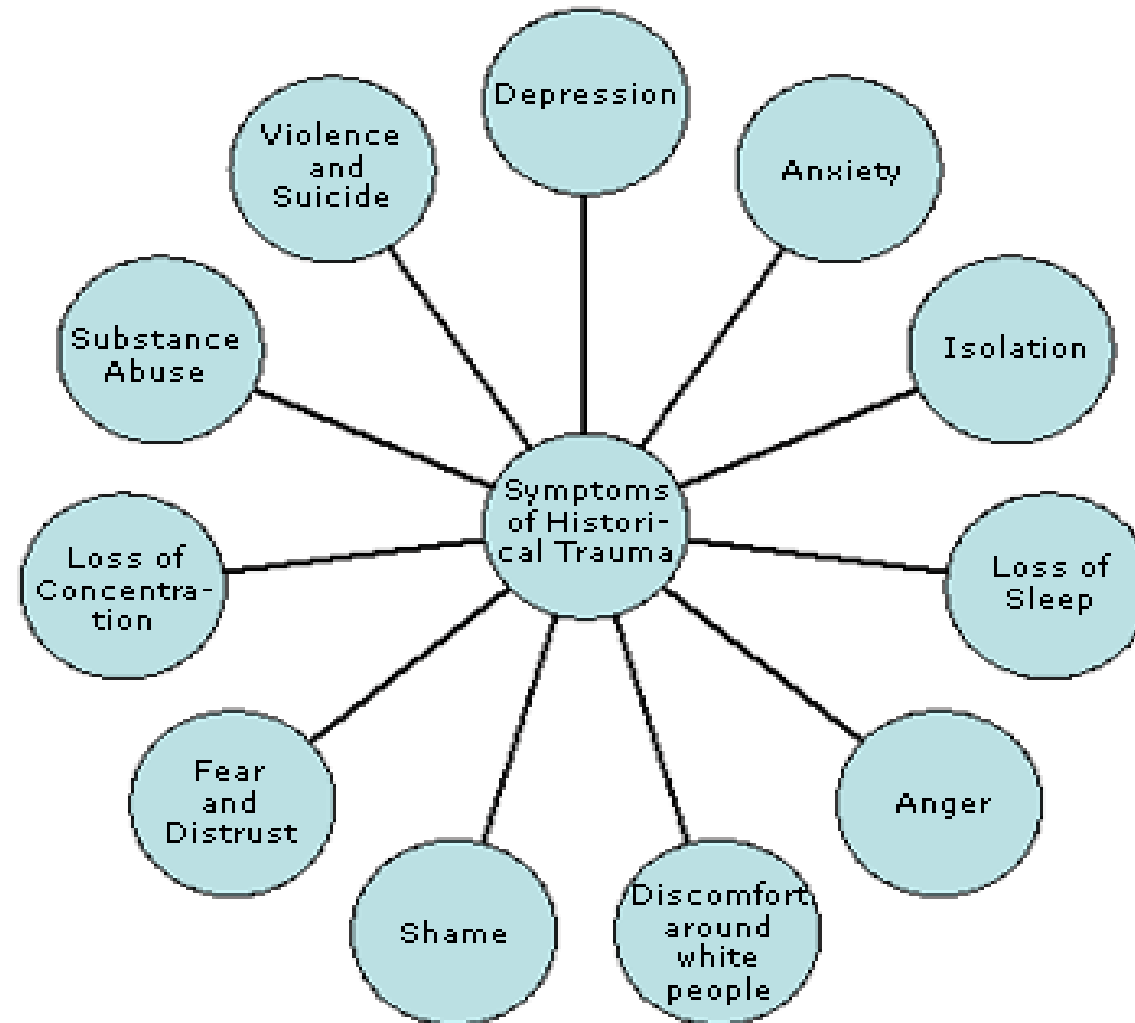


# Historical Trauma

- Symptoms derived from the loss in which their ancestors, and then down to them, experienced traumatic life experiences, due to physical, emotional, and psychological hardships and undue change. This would include removed from lands - change in environment, laws making their practices illegal - not being able to mourn or pray in the manner they were used to.
- ***Historical Trauma*** – Result of “a legacy of chronic trauma and unresolved grief across generations,” enacted upon them by the European dominant Culture. (Braveheart & DeBruyn, 1998, p. 60)

# Four Components of HTUG





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# PTSD among the AI/AN Populations


- *Overall studies have found higher rates of PTSD in most ethnic minority Veterans compared to White Veterans ([Loo, 2014](#)).*
- *Another study that compared rates of PTSD by ethnicity among male Vietnam Veterans found a higher prevalence of both 1-month and lifetime PTSD among American Indian compared to White Veterans. However, when exposure to war-zone stress was statically controlled for, ethnicity was no longer a significant predictor of PTSD. These higher rates of PTSD may be due to higher rates of trauma exposure (Beals et al., 2002).*



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**Native Veteran Curriculum:**  
**“Healing the Returning Warrior”**  
**Module Three**  
*Approaches to*  
*Assessment & Treatment*



# Acculturation Assessments

- *Acculturation Assessments allow for providers to assess the cultural identity of a patient, which can help the provider to gain a better understanding of the cultural context in which symptoms are rooted.*
- *Additionally, whether a patient identifies as traditional, bi-cultural, or acculturated may have an impact on their treatment preference.*



## Tribal Cultural and Spiritual Assessment

- *Cultural Assessments*
  - *Cultural Knowledge*
  - *Traditional knowledge*
  - *Family/Tribal lineage*
- *Ethnic Identity*
- *Ethnic Self-esteem*
- *Special Knowledge and Skills*
  - *Traditional Stories and legends*
  - *Ceremonial Songs*
  - *Ceremonial Dance*
  - *Traditional / Ceremonial*
  - *Traditional Medicinal Belief/Practices*





# PTSD Assessment

- *In order to determine if someone meets the criteria for PTSD it will be important to assess for both the presence of trauma exposure and the presence of symptoms.*
- *There are several different instruments that can be used for assessment. First measure of trauma exposure will be discussed.*



# Diagnostic Criteria

- *In order to determine if an individual has PTSD, certain diagnostic criteria must be met according to the Diagnostic and Statistical Manual of Mental Disorders. There are two versions that are currently in use, the DSM-IV-TR and the DSM-5 (Marx & Gutner, 2015).*
- *Several important changes were made to the diagnostic criteria for PTSD from the DSM-IV-TR to the newest edition, DSM-5 (Marx & Gutner, 2015).*



# Treatment of PTSD

- *When approaching the treatment of PTSD, it is important to consider not only the evidence-base available, but the unique characteristic of one's patient and the resources available to you ([Brownson, Fielding, & Maylahn, 2009](#)).*
- *Evidence-based treatments are those that have been shown to be effective in the treatment of PTSD through strong scientific evidence ([Brownson et al., 2009](#)).*
- *This is particularly relevant to treating American Indian/Alaska Native Veterans due to the scarcity of the research that evaluates culturally based treatments. It is important to keep in mind that the treatment that may be most effective for an American Indian/Alaska Native may not be considered as "evidence-based."*



# Psychotherapy: Cognitive Behavioral Therapy

- *Cognitive behavioral therapies (CBT) have been found to be the most effective treatment for PTSD and are recommended by the Department of Veterans Affairs, the Department of Defense, the Institute of Medicine, and other professional organizations (Australian Centre for Posttraumatic Mental Health, 2007; Edna B Foa, Keane, Friedman, & Cohen, 2008; Institute of Medicine, 2008; National Collaborating Centre for Mental Health, 2005; Ursano et al., 2004; VA/DoD Clinical Practice Guideline Working Group, December 2003).*



# Psychopharmacology

- *Only a brief overview will be given on medications that may be used to address biological source of PTSD symptoms and other potentially co-occurring mental health disorder ([Jeffreys, 2014](#)).*
- *Medications are typically used to address the four core symptom clusters of PTSD discussed in the diagnostic section ([Jeffreys, 2014](#)):*
  - *Intrusion symptoms (nightmares, flashbacks, etc.)*
  - *Avoidance symptoms (avoiding driving due to reminders of being involving in the bombing of a convoy.)*
  - *Negative changes in one's thoughts or moods*
  - *Arousal and reactivity symptoms (difficulty sleeping, hypervigilance, etc.)*



# Suicide Prevention Plan

- *Crisis Intervention plans.*
- *Rehearsal*
- *By working with Clients, we also need to work on Self-Monitoring, including thoughts, feelings, and Emotions.*
- *Coping Skills, Strategies*
- *Important for Self control.*



# Treatment Approach

- *Patient as an Individual*
  - *It is important to approach each patient as a unique individual, do not make assumptions.*
  - *Stereotyping a patient based on their race or ethnicity is inappropriate and has the potential to both harm the therapeutic relationship and the patient's recovery.*
  - *View the patient in their contemporary, not just from their historical context. Although they may have experienced historical trauma, it is important to see them in the present.*
  - *Do not fall into the view of "Pan-Indian" that all American Indian/Alaska Natives are the same. They are a very diverse group that come from varied backgrounds, tribes, beliefs, and practices.*



# Complementary and Alternative Medicine (CAM)

- *CAM includes treatment approaches that are generally “not considered to be standard to the current practice of Western medicine” (J. Strauss & Lang, 2012).*
- *Although the evidence-base of such treatments is sparse, three approaches that fall into the “mind-body” category of CAM treatments have been identified as potential methods for PTSD treatment (J. Strauss & Lang, 2012):*
  - *Acupuncture: This involves placing needles into the tissue beneath the skin in certain areas of the body to “restore balance within body systems.”*
  - *A “proof-of-concept” has recognized acupuncture as having the potential to treat PTSD; however, more evidence is needed to establish its effectiveness.*



# Family education and support

- *Children need to understand what is going on to fully understand what is causing the changes they may be experiencing.*
- *Moving from base to base, meeting new friends, teachers, and neighbors may be a common thing. Not only this, but moving to the parents home of record can be shock if they've only visited in the past.*
- *Family support groups and therapy may be needed.*



# Peer Support

- *Allows other veterans with similar backgrounds to assist veterans.*
- *They can use team work to overcome common obstacles.*
- *Allows Natives to assist other Natives. Many times, this wont matter if they are from different tribes or clans.*
- *It has been well documented and supported that Veterans helping Veterans can help the therapeutic process*



# Tribes as a Resource and Partner in Care


- *Many American Indian/Alaska Native Veterans use their tribe as a resource for traditional healing, particularly when dealing with someone who has passed on or involvement in combat.*
- *In order to address spiritual wounds and use traditional healing, it is best to partner with the patient's tribe to provide this portion of treatment. These ceremonies should be done with the support of the tribal community and by a trained healer or medicine man in order to properly remedy the Veteran's pain (D. Johnson & LaDue, 1994).*
- *He or she may already have a "cultural tool kit", meaning they already have resources that they would be willing to discuss and use.*
  - *Do they have a trusted peer to speak with, such as another Veteran?*
  - *Do they have a spiritual advisor or elder they are comfortable with?*



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**Module Four**  
*Traditional Beliefs &  
Healing Practices*



# Traditional Treatment Approaches

*“Trauma takes people out of the circle, healing takes them back in” (D. Johnson & LaDue, 1994)*

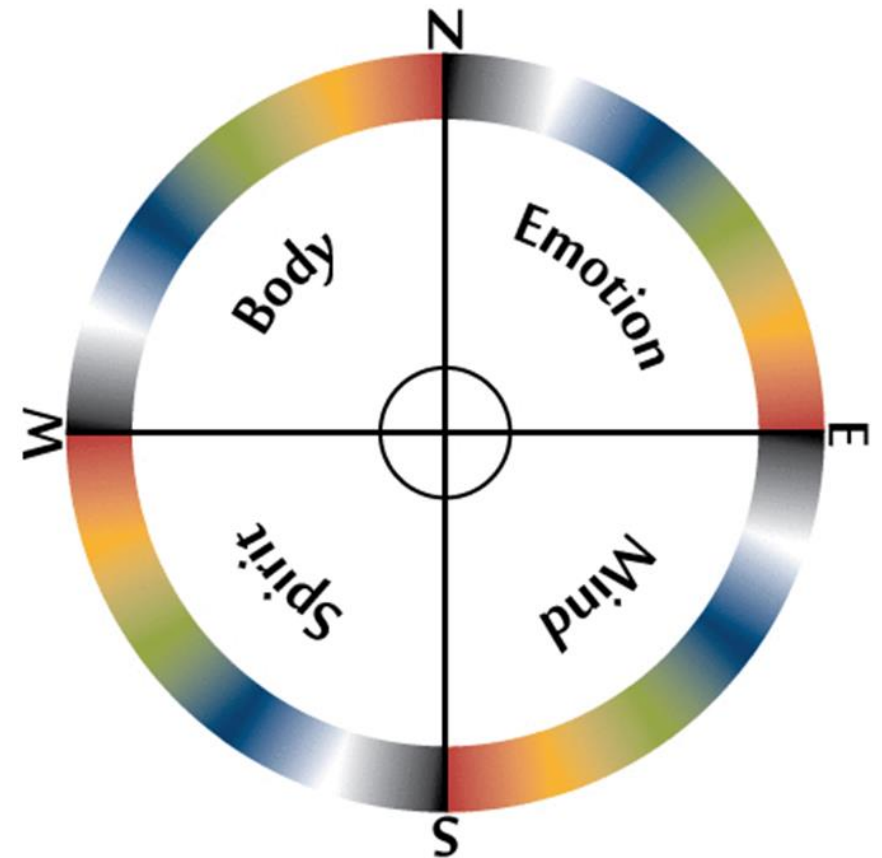
- *The experience of war has the potential to harm the spiritual health of American Indian/Alaska Native Veterans, which may require the use of traditional practices to recover from the trauma of combat. Traditional processes help to restore harmony and balance, which is disrupted by war (D. Johnson & LaDue, 1994).*
- *It is important to consider how the patient’s culture may impact what and how they experience the trauma.*
  - *For example, some tribes believe that if someone touches a dead person, he or she takes part of that person with them. In order to remedy this, a cleansing or other type of ceremony may be needed to make that person whole again.*



# Cultural Implications in Assessment

## *Cultural knowledge and Understanding*

- *Cultural Sensitivity*
- *Cultural Competency*
- *Cultural Humility*





# Consider Traditional Beliefs and Practices

- *When Warriors went into battle, they had undergone war ceremonies both before and after, which would help them stay out of danger, protect them from internal/spiritual trauma, as heal them afterwards before entering into the tribal community.*

# Traditional Healing practices

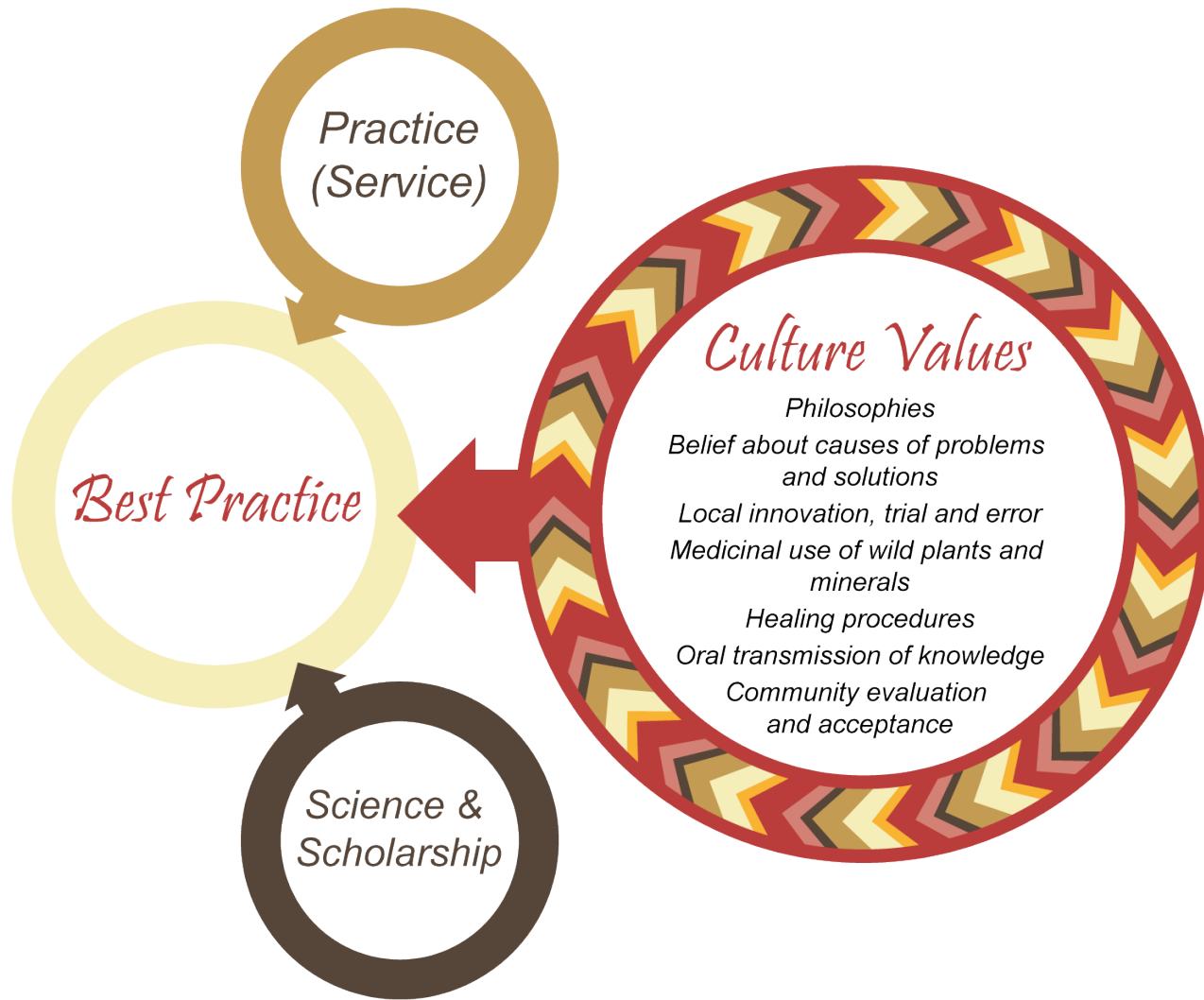
- *Herb-Doctors*
- *Bone/Tube Doctors/Healers*
- *Paints/Markings*
- *Hand Shakers/Tremblers*
- *Hand healers*
- *Travelers*
- *Dreamers*
- *Interpreters*
- *Dancers, such as:*
  - Various Animals/Birds/Nature, Jingle dress
    - Jingle dress- must have had the dream of this healing/understanding/knowledge. Was not meant for Pow-Wows.





# Not all Dreams are Dreams

- *These may also come in a fashion that the dreamer may understand, using knowledge of the dreamer.*
- *Showing the dreamer what is happening in their lives*
- *Giving them a message of what they need to understand at the moment.*
- *This is the importance of knowing the background of the people we are assisting in recovery. Medicine seems to run in families, even skipping generations depending upon what they are to do in this life.*

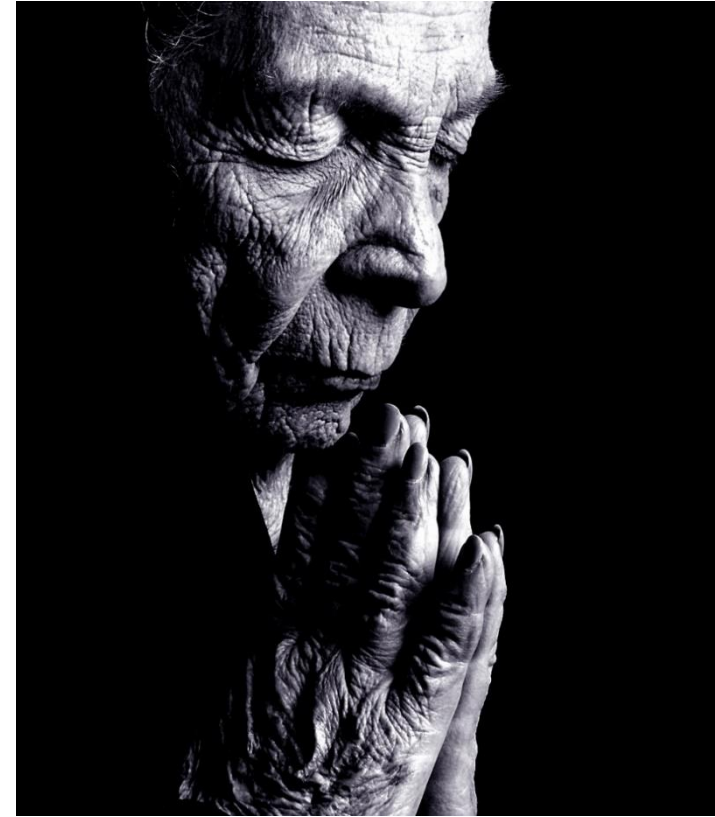


*Incorporate cultural beliefs and practices into modern practice*



# Traditional vs. Non-Traditional

- *What is considered traditional?*



# Traditional vs.

(Modern)

- *Sum total of health knowledge, skills, and practices based upon theories, beliefs and experiences indigenous to different cultures. used in the maintenance of health... of physical and mental illness (WHO, 2015)*

# Non-Traditional

(Native Tradition)

- *Alternative medicine*
- *Homeopathic medicine*
- *Complimentary medicine*
- *Broad set of health practices, not part of that countries own tradition and not integrated into the dominant health care system. (WHO, 2015)*





# Medicine vs Medication

- *Some medicine peoples do not believe in using medications, as they can be considered the reasons why people do not get better, or even die due to them.*
- *Medicine is what we may consider from the old, of spirit, of Creation, or natural.*
- *Medication is what we may consider new, ‘white mans way,’ of science, or man-made, that only brings more problems.*
- *Other Medicine Peoples may tell patients to continue the Dr’s orders, but follow the Medicine persons as well. When they are getting better, it will be up to the Dr. to lower or stop those medications.*

# Ways of Life

- *Spiritual Way*

- Understanding the spiritual aspects of many things and the realization and respect of individual spirits. Some will communicate with spirits.
- Much like a student of spirituality.

## *Medicine Way*

- Living, interacting, utilizing, and cooperating with the realms of spiritual entities and nations of Creation. Will respectfully and conjointly interact with Creation.
- Much like a Medicine person.





# Purification, Healing Lodge

- *Many will know this as a Sweat, Sweat Lodge, Inipi, Indian Church, etc.*
- *Unlike what many have read about the disastrous circumstance in Sedona, AZ: A Sweat is normally earned through many years of teachings by Medicine people, whom have fasted, given correct teachings, and eventually the right to lead this ceremony, surrounding: Stone, Fires, Placement, Spirits, Medicines, Healing, Doors, Building of, Where one sits according to the gifts, etc.*
- *This allows the leader to direct heat, healing, rounds, and be able to sense if there is an issue with individuals within.*
- *Has gathered spiritual gifts, guidance, helpers, and songs to call appropriate spirits and power for this sacred ceremony.*



# Healings

- *Medicine peoples have normally fasted many years and under many years of tutelage under a teacher to gain the gifts required to be able to heal another.*
- *All the books in the world cannot make one a healer, nor going to a school under such promises to become a healer, shaman, medicine person can give you the gifts for very powerful medicine or healing.*
- *Gifts/Medicines are gifted by the Creator, Spirits, Medicines, NOT BY MAN.*
- *The Creator controls the powers, gifts, and medicines. Man actually has not control or power over these, as with the European Church or religious practices.*



# Native Spiritual Combat Concerns

In some Native Tribes, warriors and/or combat veteran have been seen as having their spirits affected by the killing of an enemy. Because of this, after their return to their communities, it was understood that they would need to be cleansed/healed through ceremonies to clean them.


- *“You come back from war with things attached to you,” he said. “And some of those things may not be good. They could be memories. Or It could be somebody you killed, and that person attaches himself to you and comes home with you. Ceremonies help wash those things off, send them back to where they came from and get you back to who you are.” Craig Falcon, Blackfeet*



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**Module Five**  
*Healing The Healer*



# Healing the Healer

- *This training may be a promising means of providing culturally competent training to AI/AN treatment providers utilizing Native American Beliefs and practices*



# Learning from the Old

- *Our Ancestors knew that all of creation worked in a circular motion and that harmony with it, was key to living in harmony with one's self, that we are not separate from it/others, but connected through it by spirit, which is one of the teachings of the spider web.*
- *Through teachings of the Circle of Life, participants will learn to assist in their own healing by utilizing the importance of taking care of the whole person, ie., Mind, Body, Spirit, and Emotions.*



# Healing

- *Some may require fasting, or doing something such as bathing, drinking tea, prayer for certain help.*
- *Some may require a specific ceremony, such a sweat lodge, Healing ceremony, dark room ceremony... in which spirits will be doing the healings themselves.*
- *Healing is said to be a mutual thing. Faith in the person, the healing... faith, belief.*



# In Contrast

- *As you know, Therapists are continually helping others, much like a filter, yet we must also remember to rid ourselves of these as well. Take care of yourself or you won't be able to take care of others.*
- *Many times, the therapist may hold on to clientele's issues, worrying about what may/may not happen, which brings more stress upon the therapist.*
- *We must stay healthy in mind, body, spirit, emotions if we are to continue helping clientele. By honoring the whole person, "US" and learning to "let go," will allow us to focus our efforts in harmony, so as not to be inhibited by our own issues.*



# Compassion Fatigue

- *Compassion fatigue can be looked at much the same way as with healers, as knowledge of pain, sorrow, “the hurt” can be like a reflection of the one being healed. This is felt as it was their own. If unknowingly an empath, this may be interpreted as their own.*
- *Energetically, they may share energies within the bubble, especially if they are unaware of how to protect oneself or to control / have the capacity to feel their own energies going out or others coming to.*
- *Sickness for instance: Break up,.....*



# Mind over Matter

- *Depression:*

*About the Past*

- *Anxiety:*

*About the Future*

- *Living:*

– “When I grow up, I want to be, \_\_\_\_\_”?

– “Life is about, \_\_\_\_\_”?



# From Teachings

- *Fear, Anger, Shame, Guilt, Jealousy, Greed, Envy, and etc., were meant to be fought and overcome.*
- *We often worry about things that don't even really matter*



# Stress

- *Stress is a normal part of our lives, yet by learning from Nature, we learn that those animals in close quarters become ill if the population becomes too large.*
- *Teachings:*
- *Energies affect each other, but also based upon which types of energies those are.*
- *Stress takes a toll on you physically, mentally, emotionally, spiritually*



# Meditation

*When I returned from the Military, I had travelled over many states looking for a medicine man that could help me.*

*I had fasted, and during this time had a dream of a couple who could help me.*

*When I finally met these two, they looked exactly as I had seen them.*

*He later told me, that while he was speaking to the spirits, he was told that I needed to meditate. I hadn't known how, but kept searching my own way until I found what worked for me.*



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**Can we answer your questions?**

*Thank YOU*



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